

# REGIONAL TRANSIT COORDINATING COUNCIL

AC Transit ♦ BART ♦ CCCTA ♦ GGBH&TD ♦ MTC ♦ samTrans ♦ SFPTD ♦ VTA

## APPLICATION FOR DBE CERTIFICATION/RENEWAL (DISADVANTAGED BUSINESS ENTERPRISE AFFIDAVIT) (49 CFR PART 26)

1. Name of Firm

\_\_\_\_\_

2. Owner/Contact Person

\_\_\_\_\_

3. Business Address

\_\_\_\_\_

(Post Office Box not acceptable)

4. Mailing Address (if different)

\_\_\_\_\_

5. Telephone Number \_\_\_\_\_ Facsimile Number

\_\_\_\_\_

E-mail Address \_\_\_\_\_ Website Address

\_\_\_\_\_

6. Is business address and/or business telephone number also a residence address or telephone number?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in Item 24.

7. Indicate the nature of the firm's business with a check:

\_\_\_\_\_ Construction \_\_\_\_\_ Professional Services \_\_\_\_\_ Supplier

\_\_\_\_\_ Manufacturer \_\_\_\_\_ Broker/Manufacturer's Representative \_\_\_\_\_ Other

Specify type of firm

\_\_\_\_\_

8. Is firm authorized to do business in the State of California? Yes \_\_\_\_\_ No \_\_\_\_\_

A. Attach copies of the firm's local, county and/or state active business license(s) and permit(s)  
(i.e., contractors, Public Utilities Commission, architect, or engineer's registration).

B. For each license/permit attached, indicate:

Name of Licensee

Name of Qualifying Individual

Expiration Date

\_\_\_\_\_

\_\_\_\_\_

*Serving the San Francisco Bay Area of California Since 1980*

## 9. Ownership Information

A. Type of Ownership: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
Joint Venture \_\_\_\_\_ Limited Liability \_\_\_\_\_ Other Business Entity \_\_\_\_\_

B. List owners who have a 5% or more interest:

<u>Name</u>	<u>Ethnicity Code*</u>	<u>Gender M/F</u>	<u>Date of Ownership</u>	<u>Number of Shares</u>	<u>Voting Percent</u>	<u>U.S.Citizen (Yes/No)</u>	<u>Personal Net Worth</u>
_____	_____	_____	_____	_____	_____	_____	_____% _____
_____	_____	_____	_____	_____	_____	_____	_____% _____
_____	_____	_____	_____	_____	_____	_____	_____% _____
_____	_____	_____	_____	_____	_____	_____	_____% _____
_____	_____	_____	_____	_____	_____	_____	_____% _____

Check here \_\_\_\_\_ if more owners, continue listing in Item 24.

C. Attach résumés for individuals who have 5% or more ownership interest.

D. Complete and submit "Personal Net Worth Statement" (copy attached) for each disadvantaged individual owner whose interest(s) in total equal 51% or more ownership of the firm seeking DBE certification.

10. Firms with less than 100% minority/woman ownership, list the contributions of money, equipment, real estate, or expertise of each of the owners.

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11. Date this firm was established \_\_\_\_\_

12. Board of Directors (if applicable):

<u>Name</u>	<u>Title</u>	<u>Race/ Ethnicity*</u>	<u>Gender M/F</u>	<u>Date Elected/ Expiration of Term</u>
_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____/____

Check here \_\_\_\_\_ if more Board Members; continue listing in Item 24.

13. If the Board of Directors changed within the last three years, list in Item 24 the names and titles of the former Board Members, their race/ethnicity, gender and dates of resignation.

\*For ethnicity, use codes: (AP) Asian Pacific, (B) Black, (C) Caucasian, (H) Hispanic, (NA) Native American, (O) Other, (SA) Subcontinent Asian and (W) Woman.

14. Management: The following duties actually are performed by the persons indicated below:

*Preparation and presentation of estimates and bids:*

_____	Who reports to
_____	
Name	Name

*Hiring and firing management personnel:*

_____	Who reports to
_____	
Name	Name

*Purchasing of major equipment, materials and supplies:*

_____	Who reports to
_____	_____
Name	Name

*Financial control:*

_____	Who reports to
_____	_____
Name	Name

*Negotiations and approval of contracts:*

_____	Who reports to
_____	_____
Name	Name

*Administration of company contracts:*

_____	Who reports to
_____	
Name	Name

*Supervision of field operations:*

_____	Who reports to
_____	
Name	Name

*Marketing and sales activities:*

_____	Who reports to
_____	
Name	Name

15. For each individual listed above, attach a brief summary of the his/her experience and number of years with the firm, indicating the person's qualifications for responsibilities given to him or her.

16. If any owner or management official of the applicant firm is, or has been, an employee of another firm that has an ownership interest in or a present business relationship with the applicant firm, describe in detail in Item 24. Present business relationships include shared space, equipment, financing, and employees, in addition to both firms having the same owners (such as, affiliates and subsidiaries).
17. Federal Identification Number: \_\_\_\_\_

18. Indicate the gross receipts for the firm's last three (3) fiscal years:

Fiscal Year Ending _____	Amount _____
Fiscal Year Ending _____	Amount _____
Fiscal Year Ending _____	Amount _____

19. Name of Surety Company

\_\_\_\_\_  
Name of Surety Agent and Telephone Number

\_\_\_\_\_  
Source of Letters of Credit (if any)

\_\_\_\_\_  
Bonding Limit

20. Workforce information for the past calendar year:

A. Lowest number of employees

\_\_\_\_\_  
B. Highest number of employees

\_\_\_\_\_  
C. Number of employees whose job lasted the entire year

\_\_\_\_\_  
D. Are any of the employees on another firm's payroll? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, identify employee(s) and firm(s)

\_\_\_\_\_  
Inventory information:

E. Location of current inventories

\_\_\_\_\_  
F. Dollar value of inventory

\_\_\_\_\_  
21. Is your firm certified as a small business by the U.S. Small Business Administration under the 8(a) program or the small and disadvantaged business (SDB) program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach documentation.

22. Certification Information:

Has this firm been certified as a DBE by any government agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of Government Agency

\_\_\_\_\_  
Date of Certification \_\_\_\_\_ Date Certification Expires \_\_\_\_\_

23. Indicate if the applicant firm, or other firms with any of the same owners or officers, has previously received or has been denied certification as a DBE, MBE or WBE and describe the circumstances. Indicate the name of the certifying agency and the date of such certification or denial.

\_\_\_\_\_  
\_\_\_\_\_

[illegible]



**PERSONAL NET WORTH STATEMENT**  
**(49 CFR PART 26)**

As of \_\_\_\_\_

Each individual owner of a DBE firm whose ownership or control is relied upon for DBE certification is required to complete and sign this Statement and include it in the notarized DBE Certification Application package. The certifying agency reserves the right to request additional information as necessary and may conduct an on-site visit to verify the information contained in this Personal Net Worth Statement.

I understand that all personal financial information I submit will remain confidential unless I give my written consent to release this information to a third party. I also understand that the only exception to this confidentiality provision is if I decide to appeal a decision by the certifying agency to the Department of Transportation and seek their review.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Code \_\_\_\_\_

Business \_\_\_\_\_

Name \_\_\_\_\_

<b>Assets<sup>1</sup></b>	<b>Liabilities</b>
Cash on Hand & in Banks.....\$ _____	Accounts
Payable.....\$ _____	
Savings Accounts.....\$ _____	Notes Payable to Banks and
Others.....\$ _____	
IRA or Other Retirement Accounts.....\$ _____	Installment Accounts(Auto).....\$ _____
Accounts/Notes Receivable.....\$ _____	(Mo.Payments \$ _____)
Life Insurance/Cash Surrender Value.....\$ _____	Other Installment Accounts.....\$ _____
Stocks and Bonds.....\$ _____	(Mo.Payments \$ _____)
Real Estate <sup>2</sup> .....\$ _____	Loans on Life Insurance.....\$ _____
Automobile - Present Value .....\$ _____	Mortgages on Real Estate <sup>2</sup> .....\$ _____
.....\$ _____ Other Personal Property.....\$ _____	Unpaid
Taxes.....\$ _____ Other Assets.....\$ _____	Other
Liabilities.....\$ _____	
<b>Total Assets.....\$ _____</b>	<b>Total Liabilities.....\$ _____</b>
	<b>NET WORTH \$ _____</b>

<b>Sources of Income</b>	<b>Contingent Liabilities</b>
Salary.....\$ _____	As Endorser or Co-Maker.....
\$ _____	
Net Investment Income.....\$ _____	Legal Claims &
Judgment.....\$ _____	
Real Estate Income.....\$ _____	Provision for Federal Income
Tax.....\$ _____	
Other Income <sup>3</sup> .....\$ _____	Other Special
Debt.....\$ _____	

Is any portion of the equity in the individual's primary residence attributable to withdrawal(s) from the firm applying for DBE certification? \_\_\_\_\_ If yes, how much? \$ \_\_\_\_\_

1. Exclude an individual's ownership interest in the firm applying for DBE certification.  
For individuals claiming to be Alaska Native, exclude any of the following which the individual receives from any Alaska Native Corporation (ANC):

or an interest in land received from an ANC as a dividend or distribution on stock); and an interest in a settlement trust.

2. Do not include the individual's primary residence.
3. Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

## BUSINESS SERVICE FORM

- A. Indicate how many employees are in your local office: \_\_\_\_\_**  
**Indicate how many employees are in your entire organization: \_\_\_\_\_**

- B. Have you ever done business with any of the following agencies:**  
 AC Transit \_\_\_\_\_ BART \_\_\_\_\_ CCCTA \_\_\_\_\_ GGBH&TD \_\_\_\_\_ MTC \_\_\_\_\_  
 samTrans \_\_\_\_\_ SFPTD (MUNI) \_\_\_\_\_ VTA \_\_\_\_\_

**If yes, please indicate the agency name(s) and latest year: \_\_\_\_\_**

- C. Describe locations or areas where you prefer to do your work (such as: within a certain radius of your business location, one or more counties, statewide, national).**
- D. Enclosed is a list of expertise areas divided into six general categories: Transportation Consultants; General Consultants; Service Providers; Brokers/Agents; Contractors (Construction); and Vendors. These areas are not mutually exclusive. For example, one firm may provide a service and be a vendor.**

**Please indicate below a maximum of FIVE (5) areas of expertise that you prefer to perform in order of importance (1 = Most Important; 5 = Least Important). Please refer to such list of expertise codes and identify your choices below.**

	<u>Expertise Code</u>	<u>Description of Work/Service</u>	<u>SIC Code</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**NAME OF FIRM:\_\_\_\_\_**

## AFFIDAVIT

The undersigned does hereby swear that the foregoing statements and attachments, including the Personal Net Worth Statements of all individual owners, are true, accurate, and complete and include all material information necessary to identify and explain the ownership and operation of

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\_\_\_\_\_  
Name of Firm

Further, the undersigned does covenant and agree to provide the Agency with current, complete and accurate information regarding proposed work or actual work performed on any Agency project, the payment therefor and any proposed changes in any of the arrangements herein stated and to permit the Agency as part of this certification procedure and thereafter to audit and examine books, records and files of the above named firm by authorized representatives of the Agency or the U.S. Department of Transportation.

It is understood and agreed that this audit/examination may include interviews of owners, principals, officers and employees. It is further understood that failure to submit requested materials and/or to consent to interview and audit/examination will be grounds for immediate decertification or certification denial. It is recognized and acknowledged that the statements herein are being sworn to and any material misrepresentation will be grounds for denial or revocation of certification, not awarding or terminating any contract which may be awarded in reliance hereon and debarment or other action pursuant to law.

Furthermore, the undersigned hereby authorizes the Agency to provide and transmit a copy of all information and material submitted to the Agency with respect to determining the eligibility of the above named firm as a bona fide Disadvantaged Business Enterprise (DBE), to the U.S. Department of Transportation or another public agency that uses essentially the same definition of ownership and control criteria stated in 49 CFR Part 26.

It is understood that in the event, after an investigation is conducted by the Agency's Disadvantaged Business Enterprise Office, a DBE is found to have been or is currently involved in practices on Agency contracts which circumvent the intent of the Agency's DBE Program, that firm shall be subject to suspension of active participation as a DBE contractor, subcontractor, or supplier. It is further understood that the Agency reserves the right to re-evaluate a business' certification eligibility prior to the firm's participation on an Agency project or at any time that the Agency determines that such re-evaluation is warranted.

- A. If additional information is required to determine certification, the conditions outlined herewith in the affidavit are applicable.
- B. If there are any significant changes in the information provided above that would alter your status as a DBE, inform the certifying agency immediately.
- C. Section 94.4 of the State of California Streets and Highways Code states, among other things, that a DBE is subject to civil penalty of not more than Five Thousand Dollars (\$5,000) if said firm willfully and knowingly makes a false statement with the intent to defraud this certification.

- D. If, at any time, the U.S. Department of Transportation has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false, fraudulent or deceitful statements or representations, or under circumstances indicating a serious lack of business integrity or honesty, the Department may take the following enforcement actions:
1. Initiate suspension or debarment proceedings against the firm under 49 CFR Part 29.
  2. Take action under 49 CFR Part 31, Program Fraud and Civil Remedies, against any participant in the DBE program whose conduct is subject to such action under 49 CFR Part 31.
  3. Refer the matter to the Department of Justice, for prosecution under 18 U.S.C. 1001 or other applicable provisions of law, any person who makes a false or fraudulent statement in connection with participation of a DBE in any DOT-assisted program or otherwise violates applicable Federal statutes.
- E. The undersigned hereby declares that he/she is socially and economically disadvantaged, his/her personal net worth does not exceed \$750,000, the firm complies with applicable Small Business Administration size standards, and the firm complies with the U.S. DOT maximum average gross annual receipts standard.

EACH INDIVIDUAL OWNER OF A DBE FIRM WHOSE OWNERSHIP AND CONTROL IS RELIED UPON FOR DBE CERTIFICATION IS REQUIRED TO SIGN THIS AFFIDAVIT BEFORE A NOTARY PUBLIC.

Signature\_\_\_\_\_ Title \_\_\_\_\_-  
\_\_\_\_\_

Printed Name \_\_\_\_\_ Date  
\_\_\_\_\_

Signature\_\_\_\_\_ Title \_\_\_\_\_-  
\_\_\_\_\_

Printed Name \_\_\_\_\_ Date  
\_\_\_\_\_

Signature\_\_\_\_\_ Title \_\_\_\_\_-  
\_\_\_\_\_

Printed Name \_\_\_\_\_ Date  
\_\_\_\_\_

Signature\_\_\_\_\_ Title \_\_\_\_\_-  
\_\_\_\_\_

Signature \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_ -

Printed Name \_\_\_\_\_  
\_\_\_\_\_

Date

## NOTARY ACKNOWLEDGEMENT

STATE OF CALIFORNIA

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned  
Notary Public, personally appeared

\_\_\_\_\_,  
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s)  
whose name(s) is/are subscribed to the within Affidavit, and acknowledged that he/she/they  
executed the same in his/her/their authorized capacity, and that by his/her/their signature on the  
instrument, the person(s) executed the instrument.

**WITNESS my hand and Official Seal.**

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Typed or Printed)

*(This area for Official Seal)*

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